



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY – REMEDIATION AND REDEVELOPMENT DIVISION
PO BOX 30426, LANSING, MI 48909-7926, Phone 517-284-5087, Fax 517-241-9581

**LEAKING UNDERGROUND STORAGE TANK
CLOSURE REPORT
CONDITIONAL APPROVAL DOCUMENTATION**

☐ THIS IS THE FINAL SUBMITTAL IN ACCORDANCE WITH THE CONDITIONS ESTABLISHED BY THE DEQ'S CONDITIONAL APPROVAL OF THE CLOSURE REPORT. (Check only if all conditions have been met.)

INSTRUCTIONS: Pursuant to Part 213, Section 21315(9) of the Leaking Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, use this form when submitting the documentation required by the DEQ's conditional approval of a Closure Report. **Check the box above to indicate that all conditions in the conditional approval of the Closure Report are complete and that this is the LAST SUBMITTAL to meet the requests of the conditional approval.** Please provide the completed form with the associated attachments to the appropriate RRD District Office.

SITE NAME:		FACILITY ID NUMBER:	
STREET ADDRESS:			
CITY:	ZIP:	COUNTY:	
DATE(S) RELEASE(S) DISCOVERED:		CONFIRMED RELEASE NUMBER(S):	
O/O NAME:		O/O EMAIL ADDRESS:	
O/O STREET ADDRESS:	CITY:	STATE:	ZIP:
CONTACT PERSON:	PHONE:	FAX:	

Permission is given for the Department of Environmental Quality to contact the QC: ☐ YES ☐ NO

CLOSURE REPORT CONDITIONAL APPROVAL DOCUMENTATION

1. Closure Report Date: 2. Date of DEQ Approval with Conditions:

LIST CONDITION(S) AS SPECIFIED IN THE DEQ'S CONDITIONAL APPROVAL LETTER

	Completed? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Completed? <input type="checkbox"/> YES <input type="checkbox"/> NO

SIGNATURE OF OWNER/OPERATOR (O/O) AND QUALIFIED UST CONSULTANT (QC) SUBMITTING REPORT

O/O or AUTHORIZED REPRESENTATIVE SIGNATURE		PRINT NAME	DATE
QC SIGNATURE		PRINT NAME	DATE
QC COMPANY NAME	QC ADDRESS, CITY, STATE, ZIP		
QC PHONE	QC FAX NUMBER	QC EMAIL ADDRESS	